



CITY OF WINCHESTER, VIRGINIA COMMISSIONER OF THE REVENUE

P.O. Box 706, Winchester, VA 22604

Telephone (540) 667-1815 ext 1428 Fax (540) 667-8937

REQUEST FOR REFUND OR PRORATED ASSESSMENT PERSONAL PROPERTY

***** Please return this form within 10 days of receipt to the above address*****

Acct # _____ Phone _____

Owners Name: _____

Mailing Address: _____

City, State: _____ Zip: _____

Social Security Numbers: _____

I moved into the City from: _____ on _____ mm/dd/yy

Vehicle Garaged at: _____
(Physical Location)

Vehicle 1

Year: _____ Make: _____ Model: _____

Vehicle ID #: _____ Plate #: _____

I moved out of Winchester with the above vehicle on:

_____ mm/dd/yy
and do not intend to return this year.

Moved to: _____
Street Address

City State Zip

I sold or otherwise disposed of the above vehicle on:

_____ mm/dd/yy

to: Name: _____

Address: _____

Vehicle 2

Year: _____ Make: _____ Model: _____

Vehicle ID #: _____ Plate #: _____

I moved out of Winchester with the above vehicle on:

_____ mm/dd/yy
and do not intend to return this year.

Moved to: _____
Street Address

City State Zip

I sold or otherwise disposed of the above vehicle on:

_____ mm/dd/yy

to: Name: _____

Address: _____

If vehicle has been "JUNKED" please give disposal date: _____ and

NAME and ADDRESS of Salvage Yard _____

_____ and statement from Salvage Yard.

I certify the above information is true and correct.

Signature: _____ Date: _____ Print Name: _____